



Patent Docket P1729C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<p>Application of</p> <p>Martin Bednar et al.</p> <p>Serial No.: 09/811,384</p> <p>Filed: 20 December 2000</p> <p>For: Co-administration of a Thrombolytic and an anti-CD18 Antibody</p>	<p>Group Art Unit: Not Yet Assigned</p> <p>Examiner: not assigned</p> <div data-bbox="803 472 1419 718"><p><b>CERTIFICATE OF MAILING</b></p><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231 on</p><p>June 11, 2001</p><p><i>[Signature]</i></p><p>Yvonne E. Carter</p></div>
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**Declaration by Legal Representative of Cordell E. Gross  
in Accordance with 37 C.F.R. § 1.42**

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

The declaration of Cordell E. Gross, deceased, is made by Linda J. Gross, Executrix, in accordance with 37 C.F.R. 1.42. The declaration is accompanied by the following documents evidencing the capacity of Linda G. Gross as legal representative:

- I. Certificate of Appointment of Linda J. Gross as the Executrix of the Estate of Cordell E. Gross, deceased.
- II Certification of Death

Please consider and enter the accompanying documents into the file history of the captioned application.

Respectfully submitted,  
GENENTECH, INC.

Date: June 11, 2001

By: *[Signature]*  
Richard B. Love  
Reg. No. 34,659  
Telephone No. (650) 225-5530



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STATE OF VERMONT  
DISTRICT OF CHITTENDEN, SS.

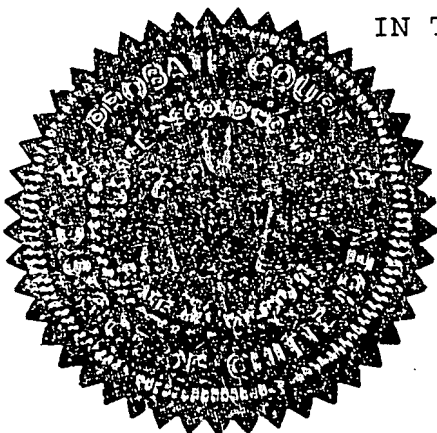
PROBATE COURT  
DOCKET NO. 29078

IN RE: ESTATE OF CORDELL E. GROSS

CERTIFICATE OF APPOINTMENT

I, Judith A. Joly, Register of the Probate Court for the District of Chittenden, having by law the custody of the seal, records and files of the court, certify that the Probate Court held in Burlington on the 27th day of June 2000 did appoint LINDA J. GROSS of Williston, Vermont as the Executrix of the Estate of CORDELL E. GROSS, late of Williston, Vermont in said District, deceased; that LINDA J. GROSS accepted the trust, and gave bond for faithful performance thereof, as required by the laws of Vermont; and the appointment has never been revoked, but remains in full force, as by the records of the court appears.

IN TESTIMONY WHEREOF, I hereunto affix the seal of said Court and subscribe my name at Burlington, in said District, this 27th day of June 2000.



Judith A. Joly  
Register

# CERTIFICATION OF VITAL RECORD

## STATE OF VERMONT

NAME KNOWN TO PHYSICIAN

DH-PHS-DTH-89C

### DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

OR PRINT  
BLACK INK

DECEDENT

CAUSE OF DEATH (Type or Print)

CERTIFIER

DISPOSITION

1. DECEDENT'S NAME (First, Middle, Last) <b>CORDELL E GROSS</b>		2. SEX <b>M</b>		3. DATE OF DEATH (Month, Day, Year) <b>04/03/2000</b>	
4. SOCIAL SECURITY NUMBER <b>262-56-7429</b>		5a. AGE (Yrs.) — Last Birthday <b>57</b>		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
6. DATE OF BIRTH (Mo., Day, Yr.) <b>05/02/1942</b>					
7. BIRTHPLACE (City and State or Foreign Country) <b>Hartford, CT</b>		8. PLACE OF DEATH (Check only one) <b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):			
9. FACILITY NAME (If not institution, give street and number) <b>290 LEDGEWOOD DR.</b>		10. CITY OR TOWN OF DEATH <b>WILLISTON</b>		11. VETERAN? (If so, what war?) <b>NO</b>	
12. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		13. SURVIVING SPOUSE (If wife, give maiden name) <b>Linda Joslyn</b>		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do not use retired) <b>Doctor</b>	
15. KIND OF BUSINESS / INDUSTRY <b>Hospital</b>					
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 5+ <input type="checkbox"/> Yes (Specify):		17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify):		18. RACE — White, Black, American Indian, etc. (Specify) <b>White</b>	
19. RESIDENCE—STATE <b>Vermont</b>		20. CITY, TOWN, OR LOCATION <b>Williston</b>		21. MAILING ADDRESS (Street, City or Town, State, Zip Code) <b>290 LedgeWood Drive, Williston, VT 05495</b>	
22. FATHER'S NAME (First, Middle, Last) <b>Wayne B. Gross</b>		23. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Vivien McBairty</b>			
24a. INFORMANT'S NAME (Type-Print) <b>Linda J. Gross</b>		24b. MAILING ADDRESS (Street, City, or Town, State, Zip Code) <b>290 LedgeWood Dr., Williston, VT 05495</b>			
25. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CA COLON</b> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):					Approximate Interval Between Onset and Death <b>3 1/2 YR</b>
PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>NO</b>					26a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>NO</b>
26b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)					
27a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet <input type="checkbox"/> Pending		27b. DATE OF INJURY (Month, Day, Year)		27c. HOUR	
27d. INJURY AT WORK (Specify Yes or No)		27e. PLACE OF INJURY At Home, Farm, Factory, Street, Office Bldg., etc. (Specify)		27f. LOCATION (Street, or R.F.D. No. City or Town State)	
27g. HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2)					
28a. DATE SIGNED (Mo., Day, Yr.) <b>4/4/00</b>		28b. HOUR OF DEATH <b>11:05 AM</b>		29c. PRONOUNCED DEAD ON: (Date) (Time) <b>4/3/00 11:30 AM</b>	
28b. NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>STEVEN CRUMBERG MD, BURLINGTON, VERMONT</b>		30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
31a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		31b. PLACE OF TEMPORARY STORAGE (Cemetery, City or Town, State)		31c. PLACE OF FINAL DISPOSITION (Cemetery or Crematory, City or Town, State) <b>Adirondack-Burlington South Burlington, VT</b>	
32a. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON <b>Robert Brown</b>		32b. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON <b>Ready Funeral Home 261 Shelburne Rd., Burlington, VT 05401</b>		33. DATE OF DISPOSITION (Month, Day, Year) <b>04/05/2000</b>	
34a. REGISTRAR — Signature <b>Robert K. Barden</b>		34b. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) <b>April 4, 2000</b>		35a. TRUE COPY	
35b. TOWN		35c. DATE (Month, Day, Year)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THIS OFFICE.

PLACE ISSUED Williston

ATTEST: Robert K. Barden  
asst. clerk

DATE ISSUED: April 4, 2000

This copy not valid unless prepared on engraved border displaying State Seal.

